



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

PUBLIC SWIMMING POOL ACCIDENT REPORT

Issued under authority of Part 125 of 1978 PA 368, as amended

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Date of Investigation:		
Name of Establishment :		
Address:		City or Township:
Owner or person in charge:		Title:
Name of Accident Victim:		Age: Sex: M F
Date of Accident:		Time of Accident:
1) Nature of accident (Describe specific details):		
2) Did injury occur? If Yes, describe the nature of the injury:		
a) Did injury require medical attention?		If yes, explain:
b) Was victim hospitalized?		Where?
3) What condition or action caused or contributed to the accident?		
4) Were there any previously cited pool violations that may have contributed to this accident and/or injury?		
If yes, list these violations:		
5) Was a lifeguard required at the pool? If yes, was the lifeguard present at the time of the accident?		
6) If a lifeguard was not required, give location and duty of the nearest available person of responsibility for the pool:		
7) What safety equipment was used?		
8) Additional comments (Attach any applicable information, documents, or reports):		
9) Attach a list of the names, addresses, and phone numbers of person interviewed and witnesses.		
10) Attach a copy of the swimming pool inspection report.		
Health Department Representative:		Title: Date:
Person Interviewed:		Title: Date: